

NOTIFICATION OF SUBSEQUENT ACTION

TO: THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
ADOPTIONS BRANCH
744 P STREET, M/S 19-31
SACRAMENTO, CALIFORNIA 95814

In the matter of the petition of



In the Superior Court of
the State of California,
in and for the County of _____
Superior Court Department _____

Petitioners

ACTION
NO. _____

The California Department of Social Services is hereby notified of the following action in respect to the adoption of _____

(Name of minor(s) prior to adoption)

	<u>Date</u>	<u>Continued</u>	<u>Report of Action Granted</u>	<u>Denied</u>	<u>Dismissed</u>
I. TYPE OF PROCEEDING					
Adoption Petition					
<input type="checkbox"/> Amended Petition Filed.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Change of Venue toCounty.....	_____	_____	_____	_____	_____
Intervention, Objections and Similar Proceeding					
<input type="checkbox"/> Petition Filed.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Hearing set...../hour	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
Withdrawal of Consent					
<input type="checkbox"/> Petition Filed.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Hearing Set...../hour	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
Petition to Set Aside or Vacate					
<input type="checkbox"/> Petition Filed (Indicate Code Section) _____FC 9100_____FC 9102	_____	_____	_____	_____	_____
<input type="checkbox"/> Hearing Set...../hour	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
Related Actions					
Termination of Parental Rights of Alleged Natural Father (FC 7603, 7660, et seq., 7670)					
<input type="checkbox"/> Petition Filed.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Hearing Set...../hour	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Notice of Appeal.....	_____	_____	_____	_____	_____
Free Child From Custody and Control of Parent					
<input type="checkbox"/> FC 7800 et seq. <input type="checkbox"/> W & I C 366.26	_____	_____	_____	_____	_____
<input type="checkbox"/> Petition Filed.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Hearing Set...../hour	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Notice of Appeal.....	_____	_____	_____	_____	_____
Guardianship (Probate Code Section 1500 et seq.)					
<input type="checkbox"/> Petition Filed.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Hearing Set...../hour	_____	_____	_____	_____	_____
<input type="checkbox"/> Action Taken.....	_____	_____	_____	_____	_____
<input type="checkbox"/> Notice of Appeal.....	_____	_____	_____	_____	_____
Other (Specify) _____					

Signature: _____
County Clerk Deputy Date

Name of Attorney for Petitioners (Set Asides/Guardianships only) _____

Telephone number of Attorney (_____) _____
Area Code